

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

Date:

299409
2021-129-T
Apr 13, 2021
December 7, 2020

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1.

H & G Care Transportation, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

205 E Shanklin Rd, Beaufort, SC 29906

Street Address of Applicant

P.O. Box 507, Lobeck, SC 29931

Mailing Address of Applicant (if different from street address)

(843) 271-0219

Phone

N/A

Fax

Beverlyhamilton1961@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

RECEIVED
APR 13 2021
PSCSC
Clerks Office

js

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TO: +18038965199

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IT + Car Transportation

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="\$3000.08"/>	Loans Owed on Motor Vehicles	<input type="text" value="0"/>
Cash on Hand	<input type="text" value="\$5000.00"/>	Business/Other Loans Owed	<input type="text" value="0"/>
Cash in Bank	<input type="text" value="\$250.00"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text"/>	Total Liabilities	<input type="text" value="0"/>
Total Assets	<input type="text" value="\$8250.00"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

H&B care Transportation

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$1.50 per mile - In county
 \$1.75 per mile - Out of county

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

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HEG Care Transportation

DESCRIPTION OF EQUIPMENT

4. You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of **seatbelts** in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

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TO: +18038965199

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It's a Care Trans ~~portation~~ ^{Insurance} QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Beverly Hamilton

Name of Applicant

205 G Shanklin Rd. Beaufort, SC 29906

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ 721.49

Limits ~~100,000, 100,000, 100,000~~ 100/300/50

The above quoted premium is for a term of 6 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

State farm

Name of Insurance Company

15 Mallett Way, Bluffton, SC 29910

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

State Farm®
Providing Insurance and Financial Services



PO Box 88080
Atlanta GA 30356-8900

Attached as requested are your replacement insurance identification cards. If the attached cards are not accepted by a law enforcement agency or your Department of Motor Vehicle office, please contact your agent to receive additional assistance.

Thank you for choosing State Farm for your insurance needs.

IMPORTANT - IDENTIFICATION CARDS STATE FARM

		SOUTH CAROLINA INSURANCE CARD	
State Farm Mutual Automobile Insurance Company INSURED HAMILTON, BEVERLY GREEN			
POLICY NUMBER 657 3273-C02-40 YR 2006 MAKE CHRYSLER MODEL TOWN CTRY VIN 2A8HR54P28R121037 AGENT JOHN C MALLETT INS AGENCY INC PHONE (843)815-4888 NAIC 25178		EFFECTIVE MAR 02 2021 TO SEP 02 2021 MUTL VOL	
A BODILY INJURY/PROPERTY DAMAGE LIABILITY P14 PERSONAL INJURY PROTECTION D 500 DEDUCT COMPREHENSIVE G 500 DEDUCT COLLISION R1, U SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION			

	THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.
IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY 1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles. 2. Don't admit fault or discuss the accident with anyone but State Farm or police. 3. Promptly notify your agent, log on to statefarm.com, or use the State Farm mobile app to file a claim.	
For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-527-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.	
How to identify your coverage. See policy for full name and definition	
A Liability C Medical Payments D Comprehensive G Collision H Emergency Road Service	L Physical Damage P No Fault R1 Car Rental and Travel Expense S Death, Dismemberment and Loss of Sight U Uninsured Motor Vehicle UNOC Use of Nonowned Cars W Underinsured Motor Vehicle

KEEP A CARD IN YOUR CAR.

THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.

KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.

MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.
Emergency Road Service information is located on your insurance card.

IMPORTANT - IDENTIFICATION CARDS STATE FARM

		SOUTH CAROLINA INSURANCE CARD	
State Farm Mutual Automobile Insurance Company INSURED HAMILTON, BEVERLY GREEN			
POLICY NUMBER 657 3273-C02-40 YR 2006 MAKE CHRYSLER MODEL TOWN CTRY VIN 2A8HR54P28R121037 AGENT JOHN C MALLETT INS AGENCY INC PHONE (843)815-4888 NAIC 25178		EFFECTIVE MAR 02 2021 TO SEP 02 2021 MUTL VOL	
A BODILY INJURY/PROPERTY DAMAGE LIABILITY P14 PERSONAL INJURY PROTECTION D 500 DEDUCT COMPREHENSIVE G 500 DEDUCT COLLISION R1, U SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION			

	THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.
IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY 1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles. 2. Don't admit fault or discuss the accident with anyone but State Farm or police. 3. Promptly notify your agent, log on to statefarm.com, or use the State Farm mobile app to file a claim.	
For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-527-5757. EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.	
How to identify your coverage. See policy for full name and definition	
A Liability C Medical Payments D Comprehensive G Collision H Emergency Road Service	L Physical Damage P No Fault R1 Car Rental and Travel Expense S Death, Dismemberment and Loss of Sight U Uninsured Motor Vehicle UNOC Use of Nonowned Cars W Underinsured Motor Vehicle

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Emergency Road Service information is located on your insurance card.

Exhibit Fit, Willing, and Able (FWA)

Beverly Hamilton
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Beverly Hamelto
Applicant's Signature

owner Beverly Hamelto
Title of Applicant (e.g. President, Owner, etc.)

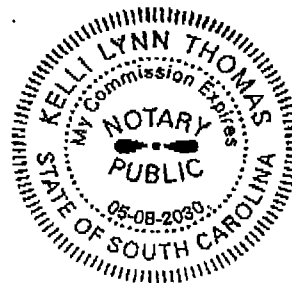
STATE OF SOUTH CAROLINA

COUNTY OF Beaufort

SWORN TO BEFORE ME
This 3rd day of December, 20 20

Kelli Lynn Thomas
Notary Public

Commission Expires May 08, 2030



Print Application

The State of South Carolina




Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

H&G Care Transportation, LLC, a limited liability company duly organized under the laws of the State of South Carolina on August 3rd, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 19th day
of September, 2019.


Mark Hammond, Secretary of State

State Farm Mutual Automobile Insurance Company

PO Box 89000
Atlanta GA 30356-9900

R 33013-5-P

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DECLARATIONS PAGE

PAGE 1 OF 1

NAMED INSURED

AT3

001909 0058

40-2161-5 P A

HAMILTON, BEVERLY GREEN
PO BOX 507
LOBECO SC 29931-0507

POLICY NUMBER 657 3273-C02-40

POLICY PERIOD MAR 02 2021 to SEP 02 2021
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
1675291227

AGENT

JOHN C MALLET INS AGENCY INC
15 MALLET WAY
BLUFFTON, SC 29910-6064

PHONE: (843)815-4888

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE NO. NUMBER	GEN. NO.
2008	CHRYSLER	TOWN CTRY	VAN	2A8HR54P28R121037	6037601000

COVERAGE	PREMIUMS
----------	----------

Liability Coverage	\$462.89
--------------------	----------

Bodily Injury Limits	
Each Person, Each Accident	
\$100,000 \$300,000	

Property Damage Limit	
Each Accident	
\$50,000	

P14	Personal Injury Protection Coverage	\$73.16
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D	Comprehensive Coverage - \$500 Deductible	\$125.04
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R1	Car Rental and Travel Expenses Coverage	\$10.86
----	---	---------

	Each Day, Each Loss	
	\$30 \$50	

U	Uninsured Motor Vehicle Coverage	\$20.87
---	----------------------------------	---------

	Bodily Injury Limits	
	Each Person, Each Accident	
	\$100,000 \$300,000	

	Property Damage Limit	
	Each Accident	
	\$50,000	

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ACCEPTED FOR PROCESSING - 2021 April 13 12:38 PM - PS - 2021-029 - Page 1 of 18



State Farm Mutual Automobile Insurance Company

PO Box 89000
Atlanta GA 30356-9900

R 33013-6-P

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DECLARATIONS PAGE

PAGE 2 OF 2

NAMED INSURED 001900 0068
HAMILTON, BEVERLY GREEN
PO BOX 507
LOBECO SC 29931-0507

40-2161-5 P A

POLICY NUMBER 657 3273-C02-40
POLICY PERIOD MAR 02 2021 to SEP 02 2021
12:01 A.M. Standard Time

STATE FARM PAYMENT PLAN NUMBER
1675291227



Replaced policy number 5794378-40B.

New Policy Form

Your total renewal premium for MAR 02 2021 to SEP 02 2021 is \$842.71.

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

Your premium was determined by the information on drivers, driving records, and other information you provided, as well as consumer report information, including: Insufficient information on bank revolving accounts; Time Since Most Recent Account Delinquency; Number of collection agency filings, excluding medical and utility collections; Number of Consumer Initiated Credit Card Inquiries and/or Percent of Accounts with a Balance.

Consumer report reference numbers: 21057201504139, CGVMT61, 12360295U132992

Credit information was obtained on: BEVERLY HAMILTON

You have the right to request, no more than once annually, that your policy be re-rated using a current credit-based insurance score. Re-rating could result in a lower rate, no change in rate, or a higher rate.

Please refer to the enclosed insert for additional information.

Notice of insurance information collection practices - personal, family, or household insurance transactions:

We often collect personal information from persons other than the individual or individuals listed on the policy. Such personal information may, in certain circumstances, be disclosed to third parties without your authorization. If you would like additional information concerning the collection and disclosure of personal information - and your right to see and correct any personal information in your files - it will be furnished upon request.

Location used to determine rate charged-205 SHANKLIN RD # G, BEAUFORT SC 29906-8453.



OUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET - FORM 9840A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.

015AL TRANSPORTATION NETWORK COMPANY DRIVER COVERAGE.
126MT AMENDATORY ENDORSEMENT.
128DP AMENDATORY ENDORSEMENT.
940A AMENDATORY ENDORSEMENT.

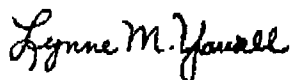
ACCEPTED FOR PROCESSING - 2021 / 13 12:38 PM - SCPSC - 2021-129-T - Page 12 of 18

This policy is issued by State Farm Mutual Automobile Insurance Company.

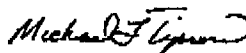
MUTUAL CONDITIONS

1. **Membership.** While this policy is in force, the first insured shown on the Declarations Page is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.
2. **No Contingent Liability.** This policy is non-assessable.
3. **Annual Meeting.** The annual meeting of the members of the company shall be held at its home office at Bloomington, Illinois, on the second Monday of June at the hour of 10:00 A.M., unless the Board of Directors shall elect to change the time and place of such meeting, in which case, but not otherwise, due notice shall be mailed each member at the address disclosed in this policy at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.



Secretary



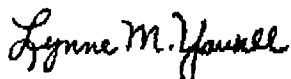
President

This policy is issued by State Farm Mutual Automobile Insurance Company.

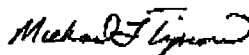
MUTUAL CONDITIONS

1. **Membership.** While this policy is in force, the first insured shown on the Declarations Page is entitled to vote at all meetings of members and to receive dividends the Board of Directors in its discretion may declare in accordance with reasonable classifications and groupings of policyholders established by such Board.
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3. **Annual Meeting.** The annual meeting of the members of the company shall be held at its home office at Bloomington, Illinois, on the second Monday of June at the hour of 10:00 A.M., unless the Board of Directors shall elect to change the time and place of such meeting, in which case, but not otherwise, due notice shall be mailed each member at the address disclosed in this policy at least 10 days prior thereto.

In Witness Whereof, the State Farm Mutual Automobile Insurance Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.



Secretary



President

6940A AMENDATORY ENDORSEMENT

This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

1. THIS POLICY

Item 5. is changed to read:

Your purchase of this policy may allow:

- a. *you* to purchase or obtain certain coverages, coverage options, coverage deductibles, coverage limits, or coverage terms on other products from the *State Farm Companies*, subject to their applicable eligibility rules; or
- b. the premium or price for other products or services purchased by *you*, including non-insurance products or services, to vary. Such other products or services must be provided by the *State Farm Companies* or by an organization that has entered into an agreement or contract with the *State Farm Companies*. The *State Farm Companies* do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization.

2. LIABILITY COVERAGE

Insuring Agreement and Supplementary Payments are replaced by the following:

Insuring Agreement

1. *We* will pay damages an *insured* becomes legally liable to pay because of:
 - a. *bodily injury* to others; and
 - b. damage to property caused by an accident that involves a vehicle for which that *insured* is

provided Liability Coverage by this policy.

2. *We* have the right to:

- a. investigate, negotiate, and settle any claim or lawsuit;
- b. defend an *insured* in any claim or lawsuit, with attorneys chosen by *us*; and
- c. appeal any award or legal decision

for damages payable under this policy's Liability Coverage.

Supplementary Payments

We will pay, in addition to the damages described in the **Insuring Agreement** of this policy's Liability Coverage, those items listed below that result from such accident:

1. Attorney fees for attorneys chosen by *us* to defend an *insured* who is sued for such damages. *We* have no duty to pay attorney fees incurred after *we* deposit in court or pay the amount due under the **Insuring Agreement** of this policy's Liability Coverage;
2. Court costs awarded by the court against an *insured* and resulting from that part of the lawsuit:
 - a. that seeks damages payable under this policy's Liability Coverage; and
 - b. against which *we* defend an *insured* with attorneys chosen by *us*.

We have no duty to pay court costs incurred after *we* deposit in court or pay the amount due under the **Insuring Agreement** of this policy's Liability Coverage;

3. Interest the *insured* is legally liable to pay on damages payable under the **Insuring Agreement of this policy's Liability Coverage:**

- a. before a judgment, but only the interest on the lesser of:
 - (1) that part of the damages *we* pay; or
 - (2) this policy's applicable Liability Coverage limit; and
- b. after a judgment.

We have no duty to pay interest that accrues after *we* deposit in court, pay, or offer to pay, the amount due under the **Insuring Agreement** of this policy's Liability Coverage. *We* also have no duty to pay interest that accrues on any damages paid or payable by a party other than the *insured* or *us*;

4. Premiums for bonds, provided by a company chosen by *us*, required to appeal a decision in a lawsuit against an *insured*. *We* have no duty to:

- a. pay for any bond with a face amount that exceeds this policy's applicable Liability Coverage limit;
- b. furnish or apply for any bonds; or
- c. pay premiums for bonds purchased after *we* deposit in court, pay, or offer to pay, the amount due under the **Insuring Agreement** of this policy's Liability Coverage; and

6015AL TRANSPORTATION NETWORK COMPANY DRIVER COVERAGE

This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

1. LIABILITY COVERAGE

Exclusions

Exclusion 6. does not apply to *you* or any *resident relative* for the ownership, maintenance, or use of *your car*, a *newly acquired car*, or a *temporary substitute car* during the period of time that an *insured* is logged on to a transportation network company's digital network, but only if:

- the *insured* has not accepted a ride request on the transportation network company's digital network; and
- no *person* is *occupying* the *car* for a charge.

2. PERSONAL INJURY PROTECTION COVERAGE

Exclusions

Exclusion 8. does not apply to *you* or any *resident relative* while:

- occupying your car*, a *newly acquired car*, or a *temporary substitute car*; and
- logged on to a transportation network company's digital network.

3. MEDICAL PAYMENTS COVERAGE

Exclusions

Exclusion 4. does not apply to *you* or any *resident relative* while:

- occupying your car*, a *newly acquired car*, or a *temporary substitute car*; and
- logged on to a transportation network company's digital network.

4. PHYSICAL DAMAGE COVERAGES

Exclusions

Exclusion 3. does not apply to *your car*, a *newly acquired car*, or a *temporary substitute car* while such *car* is in the custody of an *insured* and that *insured* is logged on to a transportation network company's digital network.

6126MT AMENDATORY ENDORSEMENT

This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

THIS POLICY

The following has been added to item 5.:

Your purchase of this policy may allow you to purchase an endorsement from State Farm Companies, subject to applicable eligibility requirements.

coverage in Mexico should be purchased from a Mexican insurance company.

Subject to the above paragraph, the following coverages apply in Mexico, but only for accidents and *losses* that occur in Mexico within 50 miles of the United States of America border and only for *insureds* as defined under each of the following coverages:

a. **Liability Coverage**

For claims brought against an *insured* in Mexico, the **Supplementary Payments** provision of this policy's Liability Coverage is changed to read:

We may, in addition to the damages described in item 1. of the **Insuring Agreement** of this policy's Liability Coverage, pay or reimburse, at our option, reasonable attorney fees for an attorney licensed in Mexico to appear for and provide advice to *insureds* as defined under this policy's Liability Coverage. The amount of such attorney fees incurred by an *insured* must be reported to *us* before *we* will make payment.

b. **Personal Injury Protection Coverage**

c. **Medical Payments Coverage**

d. **Physical Damage Coverages**

Any amount payable for the repair or replacement of the *covered vehicle* under the **Limits and Loss Settlement - Comprehensive Coverage and Collision Coverage** provision of this policy will be limited to the cost to repair or replace the

covered vehicle in the United States of America.

WE HAVE NO DUTY TO PROVIDE A DEFENSE FOR YOU OR ANY OTHER *INSURED* IN ANY CRIMINAL, CIVIL, OR OTHER ACTION.

WE HAVE NO DUTY TO PAY ANY CLAIM OR COST THAT WOULD NOT BE PAYABLE UNDER THIS POLICY IF THE ACCIDENT OR *LOSS* HAD OCCURRED IN THE STATE OF SOUTH CAROLINA IN THE UNITED STATES OF AMERICA.

All other policy provisions not in conflict with the provisions in this **Limited Coverage in Mexico** provision of this policy apply.

If Other Coverage Applies

Any coverage provided by this **Limited Coverage in Mexico** provision is excess over any other applicable insurance.

Legal Action Against Us

Any legal action against *us* arising out of an accident or *loss* occurring in Mexico must be brought in a court that has jurisdiction in the state of South Carolina in the United States of America.

c. Paragraph c. of 5. **Premium** is changed to read:

c. The premium for this policy may vary based upon:

- (1) the purchase of other products or services from the *State Farm Companies*;
- (2) the purchase of products or services from an organization that has entered into an agreement or contract with

the *State Farm Companies*. The *State Farm Companies* do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization; or

STATE FARM INSURANCE
15 MALLETT WAY
BLUFFTON, SC 29910
FAX (843) 815-4886
PHONE (843) 815-4888
TOLL FREE (800) 476-5784
EMAIL: JOHN@JOHNMALLET.COM

To: Janice Schnieding
Fax Number: 803-896-5199
Date: March 26, 2021
From: Tahiri Flores
Phone Number: 843-815-4888 Fax: 843-815-4886
Number of Pages: 2(including this page)

Thank you,

Tahiri Flores
Receptionist
15 Mallett Way, Bluffton, SC 29910
Ph# 843-815-4888 Fax# 843-815-4886
tahiri@johnmallett.com
LIKE A GOOD NEIGHBOR, STATE FARM IS THERE